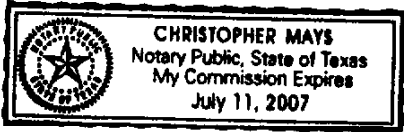
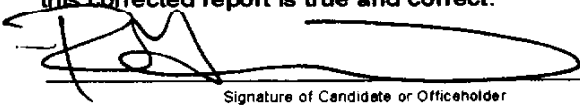


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: 2																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">MS / MRS / MR</td> <td style="width: 33%;">FIRST</td> <td style="width: 33%;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Ronald</td> <td style="text-align: center;">C.</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Green</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Ronald	C.	NICKNAME	LAST	SUFFIX		Green							
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	Ronald	C.																	
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4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report							
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5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>9/30/2005</td> <td></td> <td></td> <td>10/29/2005</td> </tr> </table>	Month	Day	Year	Month	Day	Year				THROUGH					9/30/2005			10/29/2005
Month	Day	Year	Month	Day	Year														
			THROUGH																
		9/30/2005			10/29/2005														
6 EXPLANATION OF CORRECTION	Two expenditures were inadvertently omitted from the original report.																		
7 AFFIDAVIT																			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">  </div> <div style="width: 65%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p style="text-align: center;">  Signature of Candidate or Officeholder </p> </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by <u>Ronald C. Green</u> this the <u>17th</u> day of <u>January</u>, 20<u>06</u>.</p> <p>to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><u>Christopher Mays</u> Signature of officer administering oath</p> </div> <div style="width: 30%;"> <p>Christopher Mays Printed name of officer administering oath</p> </div> <div style="width: 30%;"> <p>Notary Public Title of officer administering oath</p> </div> </div>																			

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1**2** FILER NAME
Ronald C. Green**3** ACCOUNT # (Ethics Commission file)**4** Date
10/5/2005**5** Payee name
Rhonda Arnold**6** Payee address; City; State; Zip Code
10918 Shawnbrook Dr. Houston, TX 77071**7** Amount
(\$)
\$84.72**8** Purpose of payment (See instructions regarding type of information required.)
Travel Expenses**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date**
10/13/2005**Payee name**
Houston Passport Photos Unlimited
Payee address; City; State; Zip Code
2010 Louisiana St. Houston, TX 77002**Amount**
(\$)
\$27.00**Purpose of payment** (See instructions regarding type of information required.)
Travel Expenses-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date****Payee name**
Payee address; City; State; Zip Code**Amount**
(\$)**Purpose of payment** (See instructions regarding type of information required.)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**Date****Payee name**
Payee address; City; State; Zip Code**Amount**
(\$)**Purpose of payment** (See instructions regarding type of information required.)-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**